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SERIAL NUMBER 10/714,741	FILING DATE 11/17/2003  RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. NNI-0008
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
NO

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/12/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 4	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 4
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Verified and Acknowledged  
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 23377  
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TITLE  
 Determining stimulation levels for transcranial magnetic stimulation

FILING FEE  RECEIVED 700	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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